

RECORD OF PREPARATION AND DISPOSITION OF REMAINS (OUTSIDE CONUS)				REPORT NUMBER		Reports Control Symbol	
1. THRU: (Recipient(s) & Address Authorized Distribution)			2. TO: (Recipient(s) & Address Authorized Distribution)			3. FROM:	
DECEDENT DATA							
4. REMAINS OF (Last Name, First, MI)					5. GRADE/RANK		6. SSN
7. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> OTHER (Specify):							
8. CAUSE OF DEATH					9. PLACE OF DEATH		
10. DATE OF DEATH (YYMMDD)			11. MEANS OF IDENTIFICATION (Complete and attach appropriate documentation)				
MORTUARY DATA							
12. REMAINS RECEIVED AT MORTUARY			13. EMBALMING STARTED			14. EMBALMING COMPLETED	
DATE (YYMMDD)		HOUR	DATE (YYMMDD)		HOUR	DATE (YYMMDD) HOUR	
15. EXPLAIN ANY DELAY IN RECOVERY, AUTOPSY, PREPARATION, INSPECTION OR SHIPMENT OF REMAINS							
16. TYPE OF CASE <input type="checkbox"/> NOT AUTOPSIED <input type="checkbox"/> AUTOPSIED <input type="checkbox"/> MUTILATED <input type="checkbox"/> VIEWABLE <input type="checkbox"/> NON-VIEWABLE <input type="checkbox"/> VIEWING QUESTIONABLE <input type="checkbox"/> OTHER (Specify)							
EMBALMING TREATMENT AND RESULTS							
17a. ARTERIES INJECTED		R	L	ARTERIES (Con't)		R	L
CAROTID				ILIAC			
SUBCLAVIAN				FEMORAL			
AXILLARY				RADIAL			
BRACHIAL				ULNAR			
b. VEINS DRAINED		R	L	c. FLUID DILUTIONS			
JUGULAR				Index of concentrated arterial fluid			
AXILLARY				Index of concentrated cavity fluid			
				Preinjection fluid: oz. gal.			
				1st Injection oz. gal.			
				2nd Injection oz. gal.			
				3rd Injection oz. gal.			
				4th Injection oz. gal.			
d. HARDENING COMPOUND USED (lbs)		e. DRAINAGE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> RESTRICTED				f. Total concentrated fluid used (oz.)	
18. AREAS HYPODERMICALLY EMBALMED						Arterial: Preinjection:	
19. PARTS RECEIVING POOR CIRCULATION AND HOW TREATED						Cavity: Humectant:	
						Other:	
20. RESTORATION TREATMENT (Describe, state reason if features not restored)							
21a. TYPED NAME OF PREPARING EMBALMER			b. SIGNATURE			c. LICENSE NUMBER d. STATE	
SHIPMENT DATA							
22. SHIPPING PROCEDURES COMPLETED <input type="checkbox"/> UNIFORM FURNISHED <input type="checkbox"/> INCOMPLETE UNIFORM/CLOTHING			<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain) <input type="checkbox"/> CIVILIAN CLOTHING <input type="checkbox"/> NO UNIFORM/CLOTHING FURNISHED			23. METHOD OF SHIPMENT <input type="checkbox"/> AIR <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND	
24. TYPE OF CASKET USED (When applicable)			25. TRANSFER CASE NUMBER		26. SEAL NUMBER (When applicable)		
27. DATE SHIPPED FROM PREPARING MORTUARY			28. PORT OF ENTRY OR PLACE OF FINAL DESTINATION (If other than US Port of Entry)				
29. DATE OF DEPARTURE FROM OR RELEASE IN COMMAND			30. CHECK ONE IF RELEASED IN COMMAND <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT (Remains will be fully dressed and cosmetized) <input type="checkbox"/> LOCAL INTERMENT (Indicate City, Town and Country in Item 28)				
REIMBURSEMENT DATA							
31. TOTAL AMOUNT OF REIMBURSEMENT			32. NAME OF SPONSOR				
33. DATE REIMBURSEMENT EFFECTED (Or action taken to obtain reimbursement)							
34a. TYPED NAME OF MORTUARY OFFICER (Or other responsible person)					b. SIGNATURE		

35. PORT OF ENTRY				36. DATE RECEIVED AT PORT OF ENTRY (YYMMDD)			
37. REMARKS OF PROCESSING EMBALMER AT POE (Cite deficiencies, recommendations for corrective action, and/or favorable comments as condition of remains)							
38.	CASKET	a. <input type="checkbox"/> STANDARD	b. <input type="checkbox"/> OVERSIZE	c. NAME OF MANUFACTURER			
39. CONTRACTOR'S CERTIFICATION (As applicable) I certify that the supplies and services furnished meet the terms and specifications of the contract; and the remains and supplies should be in a satisfactory condition at final destination.							
a. TYPED NAME OF PORT CONTRACT FUNERAL DIRECTOR				b. SIGNATURE		c. LICENSE NO.	d. STATE
40. CHECK APPROPRIATE BLOCKS FOR ITEMS LISTED BELOW. IF BLOCKS CHECKED INDICATE AN IRREGULARITY, GIVE REASONS FOR SUCH IN BLOCK 37.						YES	NO
a. Condition of remains upon receipt at port							
(1) Condition of transfer case or shipping container and casket satisfactory							
(2) Remains properly wrapped							
(3) Clothing, decorations and pertinent documents complete							
(4) Remains bathed to present a clean appearance							
(5) Face shaven; moustache, if any, and hair protruding from ears and nose trimmed							
(6) Facial features and hands arranged to present a natural appearance							
(7) Fingernails clean and trimmed							
(8) All orifices, abrasions, mutilations and incisions sealed to prevent drainage and leakage							
(9) Remains adequately preserved and disinfected							
(10) Identification tags with remains							
b. Reprocessing of remains at port							
(1) Cosmetics applied to present a natural appearance of hands and face							
(2) Eyelashes, eyebrows and hair free from cosmetics							
(3) Hair styled (for female personnel)							
(4) Restorative work appears natural							
(5) Proper underclothing placed on remains							
(6) Entire uniform clean, pressed and satisfactory in appearance and fit							
(7) Epaulet ends under collar, tie in place, buttons and belt properly fastened and decorations correctly placed							
(8) Remains present an appearance of repose in casket							
(9) Clearance between head and end of casket adequate							
(10) Non-viewable remains properly wrapped and secured in position							
(11) Uniform placed over non-viewable wrapped remains							
(12) Recommend that family be allowed to view remains							
(13) Casket meets specifications; interior and exterior are clean and unmarred							
(14) Casket properly closed and/or sealed							
(15) Shipping container							
41a. <input type="checkbox"/> I CERTIFY THAT THE REMAINS WERE INSPECTED AFTER REPROCESSING				b. <input type="checkbox"/> AFTER REMAINS WERE CLOTHED AND PLACED IN THE CASKET			
c. TYPED NAME				d. GRADE	e. INSTALLATION OF DEPARTMENT REPRESENTATIVE		
f. SIGNATURE						g. DATE (YYMMDD)	
42. DATE SHIPPED TO CONSIGNEE (YYMMDD)							
43. REMARKS (Indicate item reference number, when applicable)							